Performance

Report

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| Name of service: | Baptistcare Moonya |
| Service address: | 59 Ipsen Street MANJIMUP WA 6258 |
| Commission ID: | 7064 |
| Approved provider: | BaptistCare NSW & ACT |
| Activity type: | Assessment Contact - Site |
| Activity date: | 15 August 2023 |
| Performance report date: | 15 September 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Baptistcare Moonya (**the service**) has been prepared by M Roach, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the assessment contact - Site; the assessment contact - site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers and representatives
* the provider’s response to the assessment team’s report received 6 September 2023
* the performance report for a site audit conducted from 28 February 2023 to 2 March 2023
* the performance report for an assessment contact – site conducted from 8 November 2022 to 9 November 2022
* the service’s compliance history against the Quality Standards.

# Assessment summary

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| Standard 3 Personal care and clinical care | Non-compliant |

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

Requirement 3(3)(a) – the provider ensures safe and effective personal and clinical care delivery, including:

* pressure injury prevention intervention applied in a timely manner and is tailored to consumer’s individual needs
* effective communication between the service, health professionals and supplying pharmacy to ensure medication change is managed safely and timely.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Non-compliant |

Findings

Deficiencies relating to safe and effective management of chemical restraint was identified following a site audit conducted from 28 February 2023 to 2 March 2023. The assessment team’s report for the assessment contact – site, conducted on 15 August 2023, described improvement actions undertaken by the provider to address the previous non-compliance, including a review of all restrictive practice and the delivery of all staff training around consent and chemical restraint. The assessment team, through obtaining feedback from consumers and reviewing documentation, confirmed the improvement actions have been effective and the service provides safe and effective care to consumers who are subject to chemical restraint.

However, the assessment team recommended Requirement 3(3)(a) not met based on best practice care that is tailored to consumer’s needs had not been provided to 2 consumers for the management of skin integrity and diabetes. The assessment team brought forward below information:

* Skin integrity assessment was not reviewed in a timely manner and safe care delivery was not delivered in accordance with a named consumer’s changed needs between mid-May and mid-June 2023 when the consumer experienced declining mobility and increased skin care needs. This contributed to the development of a suspected deep tissue pressure injury.
* A second named consumer continued to receive diabetic medication that had been ceased for 4 days as staff were unaware of the medication regimen change.

The provider included following information and supporting evidence in their written response to the assessment team report:

* The service experienced 2 significant outbreaks between May and July 2023 and the first consumer’s changed needs occurred during the outbreaks. The provider acknowledged the service workforce was more focused on the immediate outbreak management and may have not recognised the impact from the outbreak in the named consumer. However, the provider identified the deficits and have implemented corrective actions in late June 2023 to deliver improved skin, wound and mobility care that is tailored to the consumer’s needs. The pressure injury has been improving.
* The provider had conducted an internal wound management and skin integrity review in July 2023 and identified inconsistences around wound management process as staff may not have effectively monitoring consumer skin integrity and escalate concerns in a timely manner when consumers were isolated during the recent 2 significant outbreaks. Improvement actions that had been implemented include mandatory staff training on pressure injury prevention and infection control, provide quick reference for pressure area care and equipment to all staff, daily audit of progress notes and include wound/ skin integrity concerns as a standing meeting agenda for discussion.
* There was a communication breakdown between the service and the second named consumer’s General Practitioner (GP) in relation to the diabetic medication regimen change. The GP confirmed although the ceased medication had been continued to be administered for 4 days there was no adverse impact caused. The provider acknowledged, despite the communication breakdown, staff had the opportunity to clarify the medication change earlier as an updated consumer medication profile was received by the service the following day after the medication was ceased by the GP.
* The provider had reviewed the medication incidents, practiced open disclosure with the consumer involved, worked with GP to monitor communication process to ensure any changes are captured effectively and communicated clearly between the service and health professionals.

In considering relevant information from the assessment team’s report and the provider’s response, whilst I acknowledge the circumstance of the outbreaks and the first named consumer’s pressure injury is improving, I place weight on the actual harm caused by the ineffective care delivery as a pressure injury was not prevented. Further, the provider’s response showed their willingness to address deficiencies and implement improvement actions regarding to skin and pressure injury prevention, however, the service’s compliance history against the Quality Standards within the previous 12 months showed ineffective management of pressure injuries had contributed to a previous non-compliant finding. I encourage the provider to embed these improvements into their usual practice and sustain the improvement to ensure all consumers receive consistent safe and effective skin, wound and pressure injury care. In relation to the second named consumer, although there was no negative consumer outcome caused by the medication incidents, staff failed to clarify any confusion with the prescribing GP and/or pharmacy in a timely manner, despite early opportunities, to ensure best practice medication management. I acknowledge the provider is taking remedial actions and encourage the provider to embed these improvements into their usual practice to support effective communication process on medication change and safe monitoring process on medication administration.

Based on the evidence and reasons detailed above, I find Requirement 3(3)(a) non-compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)